

## **Site Accreditation Report – Addiction Recovery Centers**

**Completed: May 8th, 2018**

**Levels of Care Reviewed:**

**Substance Use Disorder (SUD) Services**

**Outpatient Services**

**Review Process:** Addiction Recovery Centers was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

**Administrative Review Score: 96.3%**

**Combined Client Chart Review Score: 95.6%**

**Cumulative Score: 95.7%**

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### **ADMINISTRATIVE REVIEW SUMMARY**

#### **Strengths:**

Addiction Recovery Centers has a strong leadership team which is invested in their staff and ensuring the agency has quality staff. Staff interviewed report positive feedback about the support from the leadership team which includes an open door policy, an appreciation that their daily schedules are created for them which includes time to complete paperwork, and the leadership team values a work/life balance. The policies and procedures manual is organized and easy to follow.

#### **Recommendations:**

1. According to ARSD 67:61:05:03, all agency staff providing addiction counseling should have a certificate and identification card issued by BAPP as evidence of meeting the standards for an addiction counselor or certificate of recognition for an addiction counselor trainee. Two of the personnel files reviewed did not include up to date documentation of the staff's licensure.
2. According to ARSD 67:61:07:04, the agency shall have written policy and procedure to ensure the closure and storage of case records at the completion or termination of a treatment program this policy also needs to be included in the orientation provided to new staff. The agency does have a policy but needs to update the orientation to include the policy on case storage and closure. The personnel files reviewed did not have documentation that this policy was included in the orientation checklist.

**Plan of Correction:**

1. The contract attachment requires agencies to publicize priority services for pregnant women, women with dependent children and IV users. The prioritized service also needs to be documented in a policy. A policy for Limited English Proficient (LEP) will also need to be put in place. Please reference your contract attachment 1.

**CLIENT CHART REVIEW SUMMARY****Strengths:**

Supervision provided to the staff is done so in a manner that models a commitment to quality assurance. The documents in charts are all completed in a timely manner. Progress notes in the charts are individualized in what occurred during the sessions. The charts are organized and easy to follow. Clients who missed services are contacted to get re-engaged and this is documented in the chart. The agency utilizes many incentives to keep their clients engaged in services including cooking a nightly meal for the clients attending group. The agency provides a welcoming atmosphere with their beautiful and exceptionally clean facility. The agency is culturally sensitive to their large Native American client population as they post the group room name in English as well as in Native American language. The client interviewed reports positive feedback about the agency including a welcoming atmosphere that did not shame him for his addiction he also appreciated the interactive activities in the treatment.

**Recommendations:**

1. According to ARSD 67:61:07:08, progress notes should include a brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions, if applicable. In review of the charts, several progress notes reviewed had the same plan throughout the chart. Each progress note should be individualized throughout the entire chart based on what will be worked on for the next session.

**Plan of Correction:**

1. In review of the client's integrated assessment, at least one or more assessments were missing the following requirements in ARSD 67:61:07:05:
  - Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable;
  - Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history;
  - Past or current indications of trauma, domestic violence, or both if applicable;
  - Behavioral observations or mental status, for example, a description of whether affect and mood are congruent or whether any hallucinations or delusions are present.

The agency should ensure all required elements are addressed when assessments are completed even when one or more topic is not applicable to a particular client, so it is clear that all elements were assessed.